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EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2015 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Address AMERICAN LEGION POST 22 Name change 46-0213269 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 818 E ST PATRICK ST 6053424930 473,440.City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended RAPID CITY, SD 57701 H(a) is this a group return Applica-Yes X No F Name and address of principal officer JOHN WHEELER for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? _ Yes L__ No 501(c)(3) X 501(c) (19)**◀** (i<u>nsert no.)</u> Tax-exempt status 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1997 M State of legal domicile: SD Association Other > Part I Summary TO SUPPORT VETERANS Briefly describe the organization's mission or most significant activities INDIVIDUALS, AND ORGANIZATIONS IN NEED. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 18,291 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -2,778. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 20,823. 21,011 8 Contributions and grants (Part VIII, line 1h) 8,954. 4,141. 9 Program service revenue (Part VIII, line 2g) 18. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) з. 286,050. 267,860. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 315,830. 293,030. 6,333. 627. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) 134,875. 135,436. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 213,941. 182,300. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 355,710 317,802. 18 Total expenses Add lines 13-17 (must equal Part (Colombia) (A) (Fig. 25) -24,772. Revenue less expenses Subtract line 18 from line 12 -39,880.Ş Beginning of Current Year End of Year NOV 2 2 2016 20 Total assets (Part X, line 16) 748,777. 72<u>9,77</u>7. 78S-13,540. 19,312 21 Total liabilities (Part X, line 26) 735,237. 710,465 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/17/16 Signature of officer JOHN WHEELER, PRESIDENT Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/16/16 P01273830 DEIDRE BUDAHL, CPA self-employed

Firm's EIN

46-0403496

Phone no. (605)348-1930

RAPID CITY, SD 57701

Firm's address > 909 ST JOSEPH ST SUITE 101

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name CASEY PETERSON & ASSOCIATES LTD

	1990 (2015) AMERICAN LEGION POST 22	46-0213269	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO SUPPORT VETERANS, INDIVIDUALS, AND ORGANIZATIONS IN N	EED.	
			
-			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
- <u>-</u>	revenue, if any, for each program service reported (Code) (Expenses \$		
74	THE ORGANIZATION PROVIDES SERVICES TO VETERANS BY SUPPOR		 '
	REGIONAL, AND NATIONAL EVENTS AND PROGRAMS FOR VETERANS		
	FAMILY MEMBERS. EACH YEAR THE ORGANIZATION PROVIDES SUPP	ORT TO SOUTH	
	DAKOTA BOYS' STATE, AMERICAN LEGION BASEBALL, SEVERAL CH		
	NEEDY ORGANIZATION. ADDITIONALLY, THE ORGANIZATION PROVI		S
	BASKETS TO ECONOMICALLY DISADVANTAGED BOYS DURING THE YE		
	DECEMBER 31, 2015. THE ORGANIZATION ALSO PROVIDES CHIRST		FOR
	NEEDY CHILDREN AND HOSTS A THANKSGIVING DAY DINNER FOR V	ETERANS.	
			
4b	(Code) (Expenses \$) (Rever	nue \$	•
			
		_ 	
4c	(Code) (Expenses \$	nue \$	
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶		

Form **990** (2015)

Pa	t IV Checklist of Required Schedules	0213269	P	age 3
	Try Official of Required Scriedules		[v_=]	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1 1	[Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			
	public office? If "Yes," complete Schedule C, Part I	(з	li	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in	effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	, or		_
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_ 5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	ľ	[]	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	, Part I 6	ļļ	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i J	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	
_	Schedule D, Part III	8	\vdash	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l l	1	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		} }	v
40	If "Yes," complete Schedule D, Part IV	<u>9</u>		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma	anent 10	} }	х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or			<u> </u>
• •	as applicable.	"		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	eD) }	
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>[]</u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	· [i i	
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses) 1	i)	.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	 	<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1)	v
	Schedule D, Parts XI and XII	12a	$\vdash \vdash \vdash$	<u>X</u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busine			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0	1))	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b)	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	لـــــــــــــــــــــــــــــــــــــ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16_	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	j		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G. Part III

Form 990 (2015) AMERICAN LEGION POST 22
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete	ļ		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		l	
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ĺ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i '		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.5
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,	w
	Part V, line 1	34		$\frac{x}{x}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.	, ,	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	If "Yes," complete Schedule R, Part V, line 2	_36_	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 38	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(2015)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

14a

Form 990 (2015)

FORM	m 990 (2015) AMERICAN LEGION POST ZZ	46-0213265	/ P	age 5
Pal	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 		
			Yes	No
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	1	1
þ		0 -		}
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	ımıng	1	1
	(gambling) winnings to prize winners?	1 <u>c</u>	X	<u> </u>
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	{
	filed for the calendar year ending with or within the year covered by this return	19	1	
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	1	1
За	3 · · · · · · · · · · · · · · · · · · ·	3 <u>a</u>	X	
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er, a	l .	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X
b	b If "Yes," enter the name of the foreign country		1	}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR)	1	ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 <u>a</u>	<u>l</u>	X
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X_
С	c if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat	ion solicit	1 -	
	any contributions that were not tax deductible as charitable contributions?	6a	_ .	_ X_
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	-
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ţ	
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor? 7a		X
b	b if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c	<u> </u>	X
d	d If "Yes," indicate the number of Forms 8282 filed during the year		1	ł
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required? 7g		L
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C? 7h	\perp	L .
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		T	{
а	a Did the sponsoring organization make any taxable distributions under section 4966?	_ 9 <u>a</u>	<u>.</u>	Í
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
а	a Initiation fees and capital contributions included on Part VIII, line 12		1	ļ
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ł
11	Section 501(c)(12) organizations. Enter		l	ļ
а			1	ļ
b	b Gross income from other sources (Do not net amounts due or paid to other sources against		}	1
	amounts due or received from them)			1
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	b Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	1
	organization is licensed to issue qualified health plans	1	1	1
c	c. Enter the amount of reserves on hand		1	j

AMERICAN LEGION POST 22 46-0213269 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 605-342-4930

57701

818 E ST PATRICK ST, RAPID CITY,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one) than o	กอ	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) May oppose	week (list any hours for related organizations below line)	tek officer and a director/trustee) from the any patron in the organization (W-2/1099-MISC) attions ow from the organization (W-2/1099-MISC)		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(1) KEN ORROCK	5.00								•	•
DIRECTOR		X	├		 	├	_	0.	0.	0.
(2) DUANE FINK	5.00	↓	}		Ì	}				•
DIRECTOR (3) MIKE BALL	5.00	X	├		├	├	-	0.	0.	0.
DIRECTOR	3.00	x	1		}	1		0.	0.	0.
(4) LYLE TOLSMA	5.00	^			-	-	-	 	<u></u>	
DIRECTOR	3.00	x			Ì			0.	0.	0.
(5) JOHN WHEELER	15.00				\vdash			<u></u>		
PRESIDENT		x		x	1			0.	0.	0.
(6) DENNIS EDWARDS	15.00									
VICE PRESIDENT		X		X				0.	0.	0.
(7) CAL WOODLE	15.00	l		ŀ	1					
SECRETARY/TREASURER		X	_	X		_		0.	0.	0.
	<u> </u>									
	ļ									
		 	-							
			-							
	+	-				-				
		_				-				
	}									

orm 990 (2015)	AMERICAN									46-02	2132	269	Pa	age (
Part VII Section	A. Officers, Directors, Trus		ploy	ees,			hes	t C	1					
Nar	(A) ne and title	(B) Average hours per week	Average Pos (do not check box, unless pe			SON I	than c s both	an	(D) Reportable compensation from	Reportable Reportable compensation		Esti amo	(F) mate ount o ther	
		(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee		noyee	Highest compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	anizations compe 1099-MISC) from organ and r		ensa m the nizati relate	e on ed
		line)	Individu	Instituti	Officer	Кеу етріоуее	Highest employe	Former	}		_	orgar	nizatio	>ns
			-	-										
th Cub total			1_			_			0.		0.			0
1b Sub-total c Total from cor d Total (add line	ntinuation sheets to Part VI s 1b and 1c)	I, Section A						<u> </u>	0.		0.			0
	f individuals (including but n from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	; 			
=	ation list any former officer,		ustee	e, ke	y en	plo	yee,	or I	highest compensated en	nployee on	[3	res	X
For any individu	" complete Schedule J for sural listed on line 1a, is the suranizations greater than \$150	m of reportabl							•	ne organization	-	4		X
5 Did any person rendered to the	listed on line 1a receive or a corganization? If "Yes." com	ccrue comper	ısatı	on fi	om :	any	unre			dual for services		5		X
ection B. Independent Complete this t	able for your five highest co	mpensated ind	lepe	nde	nt co	ntra	ctor	s th	nat received more than \$	100,000 of comp	ensati	on fron	n	
the organization	n. Report compensation for t (A) Name and business					th o	<u>r wit</u>	hin	the organization's tax years (B) Description of s			(C)		
	Walle and business	2001033	INC	ONE	<u>''</u>		_	7	Description of s	er vices		Jii pui i	atioi	
				_		<u> </u>	_	1						
					-									
	f independent contractors (in mpensation from the organization from the organization from the organization)		ot lin	nited	to t	hos:		ed	above) who received mo	ore than				
<u> </u>								_		t		Form 9	90 (2	201

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a 21,011. b Membership dues 1b c Fundraising events 1c d Related organizations 1<u>d</u> e Government grants (contributions) 1<u>e</u> f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 21,011 h Total. Add lines 1a-1f Business Code 2 a VENDING 900099 4,141. 4,141 Program Service Revenue All other program service revenue 4,141. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18. 18. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9 a Gross income from gaming activities. See 89,443 Part IV, line 19 5,046. b Less' direct expenses 84,397. 84,397. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 358,270. and allowances ь175,364. b Less cost of goods sold 164,615. 182,906. 18,291. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 11 a SALES TAX CREDIT 557. 557 d All other revenue 557. e Total. Add lines 11a-11d 293,030. 253,710. 18,291 Total revenue. See instructions.

Form 990 (2015) AMERICAN LEGION POST 22
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX	T (C)	(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	•		•	1
	and domestic governments. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to domestic			}	
	individuals. See Part IV, line 22	627.	<u></u>	<u></u>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1		
	individuals See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,)	
	trustees, and key employees				
6	Compensation not included above, to disqualified		1	}	
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)		<u> </u>	 	
7	Other salaries and wages	121,585.	<u></u>	 	
8	Pension plan accruals and contributions (include			ţ	
	section 401(k) and 403(b) employer contributions)			ļ	/
9	Other employee benefits	10.000		ļ	
10	Payroll taxes	13,290.	 		
11	Fees for services (non-employees)				
а	j			ļ	
ь	Legal	800. 3,429.		 	
C	Accounting	3,449.		 	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			 	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,			 	
g	column (A) amount, list line 11g expenses on Sch 0.)]	
12	Advertising and promotion	6,879.	L		
13	Office expenses	15,862.	<u> </u>		
14	Information technology				
15	Royalties			 	
16	Occupancy	38,527.			
17	Travel	578.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,405.			
23	Insurance	13,135.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	24,085.			
b	MUSIC AND ENTERTAINMENT	19,877.			
¢	MEMBERSHIP DUES	14,970.			
d	DONATIONS	10,291.			
е	All other expenses	1,462.			
25	Total functional expenses. Add lines 1 through 24e	317,802.			
26	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			l	

Part X	Balance Sneet	· · · · · · · · · · · · · · · · · · ·		
	Check if Schedule O contains a response or note to any line in this Part X	, , , , , , , , , , , , , , , , , , , 	 -	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	24,528.	1	28,234
2	Savings and temporary cash investments	15,024.	2	11,941
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	79,095.	4	75,543
5	Loans and other receivables from current and former officers, directors,			
İ	trustees, key employees, and highest compensated employees. Complete		1	
-	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
[section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ស៊ី	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	11,416.	8	27,750
9	Prepaid expenses and deferred charges	16,180.	9	16,180
10a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 1,331,491. 10b 761,362.			
b	Less accumulated depreciation 10b 761,362.	602,534.	10c	570,129
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	748,777.	16	729,777
17	Accounts payable and accrued expenses	13,540.	17	19,312
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		1	
Liabilities	Complete Part II of Schedule L		22	
_ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
}	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	13 540	25	10 212
26	Total liabilities. Add lines 17 through 25	13,540.	26	19,312
- [Organizations that follow SFAS 117 (ASC 958), check here ▶			
se	complete lines 27 through 29, and lines 33 and 34.			
일 27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	and complete lines 30 through 34.	•	_	^
30	Capital stock or trust principal, or current funds	0.	30	2 600
ဖွန် 31	Paid-in or capital surplus, or land, building, or equipment fund	2,600.	31	2,600
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Retained earnings, endowment, accumulated income, or other funds	732,637.	32	707,865
) 55	Total net assets or fund balances	735,237.	33	710,465
<u>34_</u> _	Total liabilities and net assets/fund balances	748,777.	34	729,777

	990 (2015) AMERICAN LEGION POST 22	46-021	3269	Page	<u>,</u> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[\supset
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,03	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,80	
3	Revenue less expenses Subtract line 2 from line 1	3		.,77	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	735	,23	7.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	710	,46	<u>5.</u>
Pa	t XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	1	
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1	ĺ	
	consolidated basis, or both		1 1	į	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1]	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	1 1	- 1	47
	Act and OMB Circular A-133?		3a		<u>x</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 . (
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>		
			Form	990 (2	015)

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete ii ale
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	giting that the essets hold in denor advis	and funds
,	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	<u> </u>	
٠	for charitable purposes and not for the benefit of the donor or	0 0	
	impermissible private benefit?	donor advisor, or for any other purpose t	Yes No
Pa		anization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organization		art re, into r
•	Preservation of land for public use (e.g., recreation or ed	· · · · · · · · · · · · · · · · · · ·	orically important land area
	Protection of natural habitat	· -	uried historic structure
	Preservation of open space	rreservation of a cen	ined historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
~	day of the tax year	ed conscivation contribution in the form	Heid at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c		cture included in (a)	2c
		• •	
_	listed in the National Register	to of the one and the off a material and a	2d
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by the	
•	year ▶	,, g ,,	
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	· — · — · — · — · — · — · — · — · — · —	
•	violations, and enforcement of the conservation easements it i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_	>	3 3	•
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	tion easements during the year
	▶ \$.	······································
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
	conservation easements		
Par	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	bition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ-	es these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items	·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	B		> \$
h	Assets included in Form 990 Part Y		• •

	dule D (Form 990) 2015 AMERICA	N LEGION PO	ST 2	22				<u>46-02</u>	<u>13269</u>	Page 2
Pa	t III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, or (Other S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the fe	ollowing that a	re a signif	ficant u	se of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d		Loan or excl	nange program	ıs				
þ	Scholarly research	е		Other						
¢	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	f art, his	storical treas	ures, or other	sımılar as:	sets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pa	t IV Escrow and Custodial Arran		te if the	organizatioi	n answered "Y	es" on Fo	rm 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custode	an or other intermedi	ary for c	contributions	or other asset	ts not incl	luded		_	
	on Form 990, Part X?								Yes	L No
b	if "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	able				_		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	7		Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Ра	t V Endowment Funds. Complete									
		(a) Current year	<u>(b) P</u>	rior year	(c) Two years	back (d)	Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L			<u></u>					
2	Provide the estimated percentage of the cur			g, column (a)) held as					
а	Board designated or quasi-endowment		_%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held an	id administered	d for the c	organiza	ition	Г.	
	by									Yes No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment to	unds						
Lia			Davi IV	/ line 11a C	on Form OOO !	Dart V III	<u>م ۱</u> ۸			
	Complete if the organization answere							_	(d) Post:	velue
	Description of property	(a) Cost or of basis (investm		(b) Cost		(c) Accu	umulate	:0	(d) Book	value
		Daais (IIIVESIII	ierit)	basis	4,200.	aepre	CIALIUII		2.4	,200.
	Land	-			0,710.	6 7	5 0	10		,662.
b	Buildings	 		1,40	0,/10.	0 /	5,04	***	343	,002.
С	Leasehold improvements			2	4,145.	2	5,1	12		-967.
	Equipment				$\frac{4,145}{2,436}$.		$\frac{3}{1}, \frac{1}{2}$			$\frac{-367.}{,234.}$
	Other Add lines 1a through 1e (Column (d) must e		<u> </u>				1 , 4			$\frac{,234.}{,129.}$
· ma	i nuu iides ta uiroudu 18. //'alumn /al miist e	nual Form 990 Part)	x collin	on IHI Jane 11	ur I				<i>J</i> , 0	,

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

AMERICAN LEGION POST 22

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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 AMERICAN LEGION POST 22		46-0213269	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1		
a	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 - 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIII)	4b		
_C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	anta With Evn	5	
Pa	Reconciliation of Expenses per Audited Financial Statem	_	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	l l	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Informat	on about Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.a	ov/fo	rm990.	Inspection
Name of the organization						Employer id	entification number
AMERI	CAN LEGION POST 22					46-021	3269
Part I Fundraising Activit required to complete this	es. Complete if the organization answer	red "Y	'es" or	Form 990, Part IV, li	ne 17	'. Form 990-E	Z filers are not
1 Indicate whether the organization	raised funds through any of the followin	g activ	rities (Check all that apply			
a Mail solicitations	<u> </u>		•	overnment grants			
b Internet and email solicitat	ions f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d in-person solicitations							
_	en or oral agreement with any individual	-	_		tees c		
	0, Part VII) or entity in connection with pi					Ye	
	individuals or entities (fundraisers) pursu	Jant to	agree	ments under which t	he fui	ndraiser is to	be
compensated at least \$5,000 by	the organization.						
		(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	ustody	(iv) Gross receipts from activity	to (o	r retained by) fundraiser	' to (or retained by)
or criticy (idilaraisor)		contrib	ntrol of utions?	Worn activity		ed in col (i)	organization
		Yes	No				
		\vdash	-				
		 	_				-
			<u> </u>				
		1					
		\vdash					
		1					
			<u> </u>				
		.1	<u> </u>				
Total							<u> </u>
3 List all states in which the organia or licensing	eation is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration
							
							

	iπ i	of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)	ļ		(event type)	(event type)	(total number)	col. (c))
eun						
Revenue	1	Gross receipts		<u> </u>		<u> </u>
		Less Contributions				
	_	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Namasah munas				
S.	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
۵		E Andrews and				
	8	Entertainment Other direct expenses	<u> </u>			
	10	Direct expense summary Add lines 4 through	9 in column (d)	1	•	
	11	Net income summary. Subtract line 10 from li	, ,			
Pa	irt l	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
-		\$15,000 on Form 990-EZ, line 6a	T	1	, 	T
Pe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				omge/progressive singe		(a)
쮼	1	Gross revenue		31,824.	57,619.	89,443.
જ	2	Cash prizes				
ens		Newsonk www.				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
₫	•					
	5	Other direct expenses		5,046.		5,046.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	X No	X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	5,046.
	•	birect expense summary. Add lines 2 through	13 in Column (u)			3,0101
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			84,397.
-		ter the state(s) in which the organization condu	-			
		he organization licensed to conduct gaming ac		states?		X Yes No
þ	" זו	No," explain		. .		
10a	We	re any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax y	ear?	Yes X No
b	lf "	Yes," explain				
						<u> </u>
53208	12 09	-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015

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Schedule G (Form 990 or 990-EZ) 2015 AMERICAN LEGION POST 22

Schedule G (Form 990 or 990-EZ) 2015 AMERICAN LEGION POST 22	46-1	0213269	Page 3
11 Does the organization conduct gaming activities with nonmembers?		X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership	p or other entity formed		
to administer charitable gaming?	, c.	Yes	X No
13 Indicate the percentage of gaming activity conducted in			140
a The organization's facility		13a 100	00 oz
b An outside facility	•		**************************************
•	ial avanta baaka and naasuda	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/spec	ial events books and records		
Name ► JOHN WHEELER			<u>.</u>
Address ► PO BOX 895 - RAPID CITY, SD 57709			
15a Does the organization have a contract with a third party from whom the organization rece	eives gaming revenue?	X Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization sof gaming revenue retained by the third party solution \$\bigs \text{4,358.}\$ c If "Yes," enter name and address of the third party	31,824 and the amount		
Name > RUSHMORE AMUSEMENT, INC.			
Address ► 1028 JACKSON BLVD - RAPID CITY, SD 577	02		
16 Gaming manager information			
Name >			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contract	rtor		
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gan	ning proceeds to		
retain the state gaming license?	g p	Yes	X No
b Enter the amount of distributions required under state law to be distributed to other exen	ant organizations or spent in the		
·	ipt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b	o, columns (iii) and (v), and Part III, I	mes 9, 9b, 10	b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see ins			,,
			
			
			
			
			-

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Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ)	AMERICAN LEGION POST 22	46-0213269 Page 4
Part IV Supplemental Inf	AMERICAN LEGION POST 22 formation (continued)	
		
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	1984	

Schedule G (Form 990 or 990-EZ)

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service	_	□ Information ab	a short Schedule 10	► Attach to Form 990.	m 990.	out Schadule (Form 990) and its instructions is at www.rs cov/form990	c	Open to Public Inspection
Name of the organization	on AMERICAN LEGION POST	ION POS	:					Employer identification number 46-0213269
Part I General Inf	General Information on Grants and Assistance	sistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stantiate the	amount of the grants of	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	[
criteria used to aw	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e? res for monito	ring the use of grant fi	unds in the United	States			Yes X No
artıl	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	stic Organiza	ations and Domestic	Governments. C	complete if the orga	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	0. Part II can t	e duplicated if additio	nal space is need	Pa			
1 (a) Name and add	1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	vernment org d in the line 1	anizations listed in the table	line 1 table				
٦,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instruction	ns for Form 990.					Schedule I (Form 990) (2015)

(f) Description of non-cash assistance · . Page 2 Schedule I (Form 990) (2015) 46-0213269 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 0 627. (c) Amount of cash grant (b) Number of recipients AMERICAN LEGION POST 22 THE ORGANIZATION PROVIDES ASSISTANCE TO AREA (a) Type of grant or assistance VETERANS TO ASSIST WITH LIVING Schedule I (Form 990) (2015) 532102 10-28-15 Part

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN LEGION POST 22

Employer identification number 46-0213269

FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS AVAILABLE FOR BOARD INSPECTION AFTER FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PROVIDES ITS ORGANIZATIONAL DOCUMENTS AVAILABLE UPON
REQUEST.